

APPLICATION FOR LICENSURE/CERTIFICATION

Attach
Passport Size
Photo

Louisiana Behavior Analyst Board
8706 Jefferson Hwy, Suite B
Baton Rouge, LA 70809
(225) 925-6523
baboard@la.gov



Application Type & Fee:	
<input type="checkbox"/> LICENSED BEHAVIOR ANALYST -\$400	
<input type="checkbox"/> STATE CERTIFIED ASSISTANT BEHAVIOR ANALYST -\$250	
Name of Supervisor _____	
<input type="checkbox"/> I understand that I CANNOT work independently.	
HAVE YOU EVER APPLIED FOR THIS LICENSE/CERTIFICATION BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby submit the application fee in the form of a money order, cashiers check, or certified check made payable to LBAB. I further understand that such fees are NOT refundable and the decision of the Board is final.

Date _____ Signature _____

SS# _____ DOB _____ Gender **M F**

PART I- GENERAL INFORMATION

NAME: (Last, First, Middle Initial, Suffix)		MAIDEN NAME/ALIAS	Languages Spoken	
NAME OF BUSINESS OR EMPLOYER	ADDRESS, CITY, STATE, & ZIP	<input type="checkbox"/> PREFERRED MAILING	PARISH	
HOME ADDRESS, CITY, STATE, & ZIP	<input type="checkbox"/> PREFERRED MAILING	HOME PHONE	BUSINESS PHONE	CELL PHONE
EMAIL ADDRESS	PLACE OF BIRTH	UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, BY WHAT DATE DO YOU EXPECT TO BECOME A U.S. CITIZEN? _____/_____/_____	

PART II- EDUCATION OR TRAINING

NAME ON TRANSCRIPT	UNIVERSITY OR COLLEGE AND ADDRESS	DATES ATTENDED	DEGREE	MAJOR SUBJECT

PART III- BCBA/BCaBA CERTIFICATION

BCBA CERTIFICATION NUMBER _____ BCaBA CERTIFICATION NO. _____ DATE OF INITIAL CERTIFICATION ____/____/____	STATUS: If INACTIVE, please attach explanation of why. <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
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PART IV- LICENSURE

1. ARE YOU LICENSED OR CERTIFIED IN ANY OTHER JURISDICTION? If you answer "YES" list all jurisdictions to the right, and request verification from each jurisdiction to be sent to Louisiana Behavior Analyst Board. <input type="checkbox"/> YES <input type="checkbox"/> NO	JURISDICTION	DATE ISSUED	LICENSE/CERTIFICATE NO.

2. HAS ANY STATE REJECTED YOUR APPLICATION OR REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? If "YES" attach explanation.
 YES
 NO

3. HAVE YOU EVER BEEN DISCIPLINED BY A LICENSING BOARD OR ETHICS COMMITTEE?
 If "YES" attach a detailed explanation.
 YES
 NO

4. DO YOU CURRENTLY HAVE A DISCIPLINARY ACTION PENDING AGAINST YOU IN ANY JURISDICTION?
 If "YES", attach a detailed explanation.
 YES
 NO

5. DO YOU HAVE A MEDICAL CONDITION INCLUDING BUT NOT LIMITED TO PHYSIOLOGICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS OR DISORDERS, WHICH MAY IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE APPLIED BEHAVIOR ANALYSIS WITH REASONABLE SKILL AND SAFETY TO THE PUBLIC?
 If "Yes" please attach a detailed explanation.
 YES
 NO

PART V- PROFESSIONAL REFERENCES

List the names, positions, and **addresses** of three professional references that are well acquainted with you and your work. (i.e. a previous employer or supervisor. ***One reference MUST be a BCBA or LBA***)

1. _____

2. _____

3. _____

Part VI- AFFIDAVIT

NOTE: Any false or misleading information in, or in connection with this application may be cause for denial or cause for suspension or revocation of any license issued under this application.

1. Have you been arrested, charged with, pled guilty, pled nolo contendere or convicted of any crimes (including arrests, charges and convictions that have been expunged)?

If "Yes", attach a detailed explanation along with documentation regarding the status of the matter.

- YES**
- NO**

SIGNATURE OF APPLICANT

DATE

STATE OF _____ PARISH, COUNTY, OR CITY OF _____

The undersigned begin sworn, deposes, and says that he/she is the person who executed this application: that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the profession; and that he/she has read and understands this affidavit.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

SIGNATURE OF NOTARY _____

NOTARY
SEAL